

216005635  
80504

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 031	Agency Case No. B6-010044	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/04/2016		TIME OF ACCIDENT 1710	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1712	02/04/2016		
B	30	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 33rd/R - Q St			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
				108.00	X	of east side of Q St	
V1/M	16	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M		MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	2	VEHICLE NO. 1					
		DRIVER LICENSE NO.	H12323404	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V1/N	1	DRIVER CHRISTOPHER A LAMMERS		PHONE 4027708958	LOCAL NO.		
V2/N		DRIVER ADDRESS CITY, STATE, ZIP 6320 ARTISAN WAY, LINCOLN, NE 68516		DATE OF BIRTH (MM / DD / YYYY)	03/07/1979		
G	2	OWNER CHRISTOPHER A LAMMERS / JENNIFER LAMMERS		PHONE 4027708958	LOCAL NO.		
		OWNER ADDRESS CITY, STATE, ZIP 6320 Artisan Way, LINCOLN, NE 68516		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB504469		
H	5	LICENSE PLATE PA NO.	SEL575	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V1/O	3	VEHICLE	2006	MAKE Volkswagen	MODEL Touareg	BODY STYLE Medium/large	
V2/O		VEHICLE ID NO. (VIN)	WVGZG77L86D021798		INSURANCE COMPANY	State Farm	
		TOWED TO	4721 Cooper Ave		TOWED BY	Allways Towing	
					POLICY NO.	068 6074-A27-27	
I	1	VEHICLE NO. 2					
		DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	
V1/P	1	DRIVER		PHONE	LOCAL NO.		
V2/P		DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			
J	01	OWNER		PHONE	LOCAL NO.		
		OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.		
V1/Q	1	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)	
V2/Q		VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	
		VEHICLE ID NO. (VIN)			COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	
K	01	TOWED TO			TOWED BY	POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.	
					5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-010044



Indicate  
North  
by Arrow



POI #1 (V1 vs Curb)  
108' N of N curb of east side curb of Q St  
West curb of 33rd

POI #2 (V1 vs Tree)  
82'10" N of N curb of east side curb of Q St  
4'3" W of W curb of 33rd

33rd - 31'9"

Front Passenger Tire Mark - 29'5"

No debris  
Measurements are estimates



- Tree

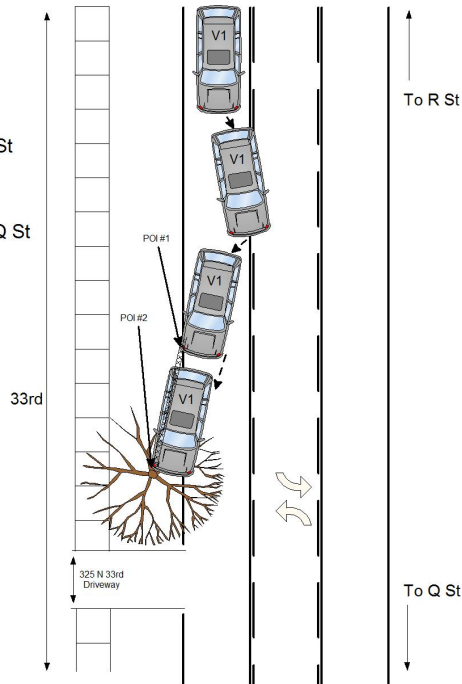


- Sidewalk



- Tire Mark

**Not To Scale**



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of V1 stated that he was traveling SB on 33rd between R and Q St when his water bottle fell over. He said he thought he had time to lean over and retrieve his water bottle, however, when he looked back up the traffic in front of him had stopped. He said he applied his brakes, tried to steer to the middle turn lane, however, traffic was in that lane and then steered V1 west striking the curb and then a tree. The Def was he was going 30 mph. Def was cited and released.

PROPERTY	OBJECT DAMAGED <b>Tree</b>	OWNER NAME <b>City of Lincoln 555 S 10th, Lincoln, NE 68508</b>	ADDRESS	PHONE <b>4024417548</b>	APPROX. COST OF DAMAGE <b>\$ 100</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2																									
1		X			33rd	POINT OF IMPACT	02	POINT OF IMPACT		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				<table border="1"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>BAC LEVEL</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	ALCOHOL LEVEL TESTED	Y	Y	Y	BAC LEVEL	N	X	N
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1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown																																	
1	01	06 Turning left 07 Making U-turn				00 None	02	03	04	VEHICLE 2																							
2		08 Entering traffic lane				09 Top & windows																											
01 Essentially straight ahead					09 Leaving traffic lane	01					08				07				06														
02 Backing					10 Parked	02					05				06				07														
03 Changing lanes					11 Slowing or stopped in traffic	03					06				07				08														
04 Overtaking/ Passing					12 Other	04					07				08				09														
05 Turning right					13 Unknown	05					08				09				10														

OFFICER NO. <b>1640</b>	TROOP/ TEAM/ BEAT <b>4</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Wendy Fisher</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Wendy Fisher</b>	DATE OF REPORT <b>02/04/2016</b>